

GUIDELINES ON BREASTFEEDING RECEIVED BY PREGNANT WOMEN DURING PRENATAL CARE

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ABSTRACT

Objective: the present study aimed to know the guidelines on breastfeeding received by pregnant women during prenatal care. Method: it is an exploratory and descriptive study of qualitative nature. Participants were 11 mothers who gave birth to their children in an Obstetric Inpatient Unit of a university hospital in Southern Brazil. The study was conducted after the project was approved by the Ethics Committee in Research. Data were collected through interviews and analyzed by thematic analysis technique. Results: It was found that there were mothers who had not received information during prenatal care. Some had received information were about the preparation of breast, based only in the biological aspect of breastfeeding. However, they considered it satisfactory. Others had received information only during the hospitalization for childbirth. Conclusion: prenatal period is a crucial moment in which the nurse should provide support and information needed for mothers and guide on practices that minimize the difficulties in breastfeeding, training them to the act of breastfeeding and preventing early weaning..

Keywords: Postpartum Period. Breastfeeding. Pediatric Nursing.

INTRODUCTION

Nursing care for the pregnant, parturient, puerperal women and the newborn (NB) is essential and should be promoted, mainly, through health education, so that mothers feel encouraged and become emancipated and critical in order to care for the newborn during the puerperium⁽¹⁾. Thus, the nurse is trained to serve the pregnant woman during prenatal care, providing individualized care. In addition, there is a need to encourage, promote and support breastfeeding through the Family Health Strategy (FHS) and support in the Basic Health Units (BHUs).

BF provides a number of benefits to the child as prevention of diseases, infections, malnutrition and deficiencies of iron, zinc and vitamin A, in addition to reducing the chances of developing obesity and other chronic non-communicable diseases⁽²⁾. For this purpose, the Ministry of Health (MoH) instituted through Ordinance No. 1,920, on September 5, 2013, the National Strategy for Promotion of Breastfeeding and Healthy Supplementary Feeding in the Unified

Health System (SUS) - Rede Amamenta e Alimenta Brasil - EAAB (Brazilian Strategy for Breastfeeding).

The objective of this ordinance is to encourage professionals to work with permanent health education, based on a critical-reflexive methodology, creating spaces of knowledge sharing and training of practices that help in the strategies towards BF, thus emphasizing a quality care⁽³⁾. The nurse is a multiplier of knowledge and their main tool is health education, therefore, they need to improve themselves and address it in order to stimulate health promotion.

Another strategy to encourage BF was the creation of the Stork Network, whose objective is to assure women the right to reproductive planning; humanized care during pregnancy, childbirth, puerperium and to the child; safe birth; as well as healthy growth and development. For this, it is necessary that practitioners and their managers work in teams so as to provide a assistance guided on humanized care and in scientific evidences⁽⁴⁾.

Because of the importance of BF for the health of the Newborn (NB), other incentive policies have been

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created, such as the Baby-Friendly Hospital Initiative (BFHI), used as a strategy to promote, protect and support BF, and the child and women, under the Unified Health System (SUS); and Brazilian Strategy for Breastfeeding, which aims to promote reflection on the health care of children from 0 to 2 years of age and the training of health practitioners to exchange experiences based on the real demands^(5,2). Therefore, the nurse needs to have knowledge about the ordinances in order to update and provide quality assistance to the mother and the baby.

BF, when stimulated and practiced on demand, contributes to both the benefits mentioned above and to the reduction of infant mortality rates. A study showed that mothers' understanding of BF interferes with how it will be practiced. So, through adequate care, it is possible to provide breastfeeding in a safe and pleasurable way, stimulating the bond between mother and baby⁽⁶⁾. For this, trained health practitioners are crucial in encouraging EBF, since it is strongly influenced by the guidelines received by the woman.

A study about the knowledge of mothers on breastfeeding has shown that early interruption of breastfeeding has been related to maternal unawareness of the advantages of breastfeeding, the unpreparedness of health practitioners to guide women as well as inadequate support in the face of complications. The greater participation of women in the labor market and the weaknesses of public policies in promoting BF also contribute to this negative process⁽⁷⁾.

Thus, it can be seen that, even with BF incentive programs, there are still gaps that need attention. In this sense, it is important that nurses provide a comprehensive care, valuing all the periods in which the mother will pass, from prenatal to late postpartum, in which difficulties may occur related to BF. This action should be promoted in the basic health units, with the support of the Family Health Strategy Team and also by the Brazilian Breastfeeding Network, so that BF is stimulated for a longer period⁽⁷⁾.

A study about nursing visits in the Family Health Strategy (FHS) in the city of Alfenas, Minas Gerais, Brazil, found that the majority of mothers were breastfeeding their children and had received some kind of guidance from nurses at the time of the visit. The guidelines mentioned by the interviewees were about the correct latch of the breast and the care with the breast when it presents some type of injury⁽⁸⁾. This highlights the importance of the nurse guiding about

breastfeeding in order to clarify and help mothers to breastfeed.

The guidelines about BF need to be provided to the pregnant woman during the prenatal visit. The nurse must listen to the mother's difficulties and doubts, addressing with each woman her particularities and social reality, providing an individualized and humanized assistance. It should be emphasized that these guidelines increasingly require trained health practitioners to take into account maternal issues and mothers' easy access to health care institutions that promote breastfeeding policy as advocated by the Ministry of Health.

Knowledge transmission about BF should be carried out in a clear way through simple language, according to the woman's experience, verifying how it was the adherence of this knowledge by the mother. The nurse may include the family in the breastfeeding process, because if they also receive guidance and feel engaged in the care of the newborn, it is more likely that the BF period will be longer.

In research on parental involvement in the breastfeeding period, it was found that there is a high index of fathers who cannot describe the factors that influence breastfeeding, and fathers who answered correctly only did it because they had experience with previous pregnancies, which may be a result of the absence of educational health practices directed to the man in the health services⁽⁹⁾. Therefore, it is also necessary to include other family members during this adaptation process so that the woman does not feel overwhelmed and alone on the responsibility of breastfeeding.

It is important to emphasize that BF is the best food for the child during the first six months of life, since its composition contains all the nutrients necessary for the adequate growth and development. In this sense, women need to be properly oriented about this practice in order to clarify their doubts, so they can be successful in breastfeeding.

According to the Primary Care Report on Low Risk Prenatal Care, the most adequate number of visits is equal to or greater than six. However, in cases of low-risk patients, this number may be reduced, however, giving more emphasis to the content of each visit. In pregnant women with greater risks, more attention is paid and the minimum or a higher number of visits must be set. The visits should be monthly up to the 28th week, biweekly between 28 and 36 weeks and weekly at term, and there is no prenatal care discharge⁽¹⁰⁾.

Receiving guidance about breastfeeding in prenatal care reflects positively on breastfeeding rates and maternal and child health. In this sense, the nurse should guide the breastfeeding process during prenatal care, emphasizing the facilities and difficulties thereof, in order to prepare the mothers for breastfeeding. Thus, through the study, the objective was to know the guidelines about breastfeeding received by pregnant women during prenatal care.

METHODOLOGY

This is a descriptive and qualitative research. Qualitative research deals with the universe of meanings, motives, aspirations, beliefs, values and attitudes. It allows the author to be directly involved in the situation and allows the agents to observe their daily lives, socially interacting with them. It is descriptive because it allows the description of the investigated phenomenon, allowing it to become known⁽¹¹⁾.

The study was developed at the Obstetric Inpatient Unit of a university hospital (UH) in Southern Brazil. This unit has 25 beds divided into three wards with three beds and eight wards with two beds. The UH is a baby-friendly hospital and practices the rooming-in. It also has a milk bank within the maternity ward that is frequently used by mothers who perform milking as a protection measure for breast engorgement; in addition, they donate excess milk.

The study included 11 women who had undergone prenatal care at the primary care units of the city and whose delivery was at the university hospital (UH) of this municipality. They met the criterion of inclusion: being in immediate postpartum in the UH and wanting to breastfeed her child. As for the newborn, they should be at term and in good health conditions. Women who had declared their intention not to breastfeed their children were excluded. After delivery at the obstetric center, women are referred to the maternity ward, where they remain until hospital discharge. During this period, they were approached by the researchers in the ward, oriented about the methodology and objectives of the study, and signed the informed consent form. Afterwards, they were advised about the importance and benefits of breastfeeding, with demonstrations of the breastfeeding technique and clarification of doubts. A home visit was scheduled on the seventh day after discharge, because it is believed that the difficulties to

breastfeed mainly occur in the first week of life of the newborn.

Data collection was done through semi-structured interviews with each participant. These were carried out in the second half of 2012 at home, in time previously scheduled before their discharge from hospital. The interviews were recorded for later transcription. The interview is a technique that establishes a dialogical relationship with a certain intention, which is characterized as promoting the opening and deepening of communication⁽¹¹⁾. The women were asked about the information received on breastfeeding during prenatal care.

The data were analyzed using the thematic analysis technique⁽¹¹⁾. This technique is divided into three stages: pre-analysis, in which the grouping of the statements and elaboration of the record units was performed; exploration of the material, in which the data were codified, grouped by similarities and differences and organized into categories; and treatment and interpretation of results, in which the most significant speeches were selected to illustrate the analysis and the search of authors was carried out to support the analysis.

Resolution 466/12, regarding the ethical aspects of human research, was respected. The project was forwarded to the Research Ethics Committee in the Health Area (CEPAS) of the Federal University of Rio Grande - FURG and approved under Opinion number 78/2012. The participants and their speeches were identified by the letter P followed by the interview number.

RESULTS AND DISCUSSION

The following is a description of the study participants and the categories generated from the thematic data analysis: Failure to receive guidelines on breastfeeding during prenatal care; Receiving guidance on the correct technique for breastfeeding; Receiving guidance on the breast preparation; and Satisfaction with guidelines received.

Characterization of study participants:

This study included 11 postpartum women who gave birth in the Obstetric Inpatient Unit of the UH. With regard to age, two were between 17 and 18 years old, seven were between 21 and 28 years old and two were 32 years old. As for the number of children, eight

had given birth to the first child, one to the second, one to the third and one to the fourth child.

As for the level of education, two had incomplete elementary school, three had incomplete high school, three had completed high school and three had incomplete higher education. Regarding the place where they live, nine lived in masonry houses and two in wooden houses with only three rooms. Seven were residents of the outskirts of the municipality and four resided in the center. Regarding the number of people living in the same house, it was verified that five puerperal women lived only with the companion and the newborn, and six continued living with their families of origin after the birth of the baby, residing between three and seven people in the same house.

One their professions, five women were housekeepers, three were students, one was cashier, one was self-employed and one was a shop assistant. Their family incomes ranged from one to four minimum wages. Since the husband of one of them was self-employed, she did not know how to report the income. All of them had undergone prenatal care, performing four to 15 visits. Two of them performed the visits in the private network and the others in the public network. The visits carried out in the private network were in greater numbers than those of the public health network. In addition, mothers who had already had children performed fewer prenatal visits. Of those who already had children, only three women had already breastfed.

Failure to receive guidelines on breastfeeding during prenatal care

With regard to the information received regarding breastfeeding during prenatal care, it was evidenced that four puerperal women did not receive any information, despite having performed at least four prenatal visits and having given birth to their children in a baby-friendly hospital.

No, I have never read anything or receive guidance. (P1)

Little guidance in my hometown. Here, in this city, none. (P2)

Although the Ministry of Health advocates at least six prenatal consultations, data from this study show that doing so does not guarantee women the information they need to be able to breastfeed properly. A study about the knowledge of postpartum women on BF showed that many women do not receive information adequately or are not understood in the

process of communicating with health practitioners. This fact reveals that communication can become a barrier to understanding the information provided⁽¹²⁾.

A study verified that there are difficulties in the practice of breastfeeding related to failures in prenatal care, which highlights the importance of communication in the effectiveness of the guidelines provided to pregnant women by health practitioners. Thus, during prenatal care, women should be informed about the benefits of breastfeeding, the disadvantages of using non-human milks and about the correct technique of breastfeeding in order to increase their ability and confidence⁽⁷⁾.

It is necessary that the nurse addresses, during the prenatal period, the advantages for the woman, the child, the family and the community. For the woman, BF strengthens the affective bond, helps in uterine involution, reduces the risk of bleeding and increases the interval between pregnancies. For the child, breast milk is a complete food, does not require any increment up to six months of age, facilitates the elimination of meconium, reduces the incidence of jaundice, protects against infections and decreases the development of allergies. For the family and society, the breast milk is clean, ready and at the ideal temperature; decreases the number of hospitalizations and their costs, and is free⁽¹⁰⁾.

Two puerperal women reported that they had received information only at the hospital when they were admitted to have the baby.

No, only in the hospital. Through the practitioners working in the milk bank who guided and assisted me at the time of breastfeeding. (...) This booklet that the hospital provides, addressing the vaccines, is very important. It explains that taking a little milk helps not to calcify and helps the baby to suckle. (P8)

It has been observed that the lack of information in the prenatal care has impaired breastfeeding, since the guidelines have often been passed on only in the immediate puerperium, when the woman is tired and under the stress of childbirth. Therefore, it is important that the guidelines are given during prenatal care, besides welcoming and listening to these women, since it will contribute to the physical and mental health of the mother and child. However, it is noticed that, usually, there are no practitioners providing the necessary support to the mother, interfering in a negative way in the way BF will be performed⁽¹³⁾.

Receiving guidance on the breast preparation

Women in the present study reported receiving information about breastfeeding, based only on the biological aspect of breastfeeding.

No, she examined my breasts to see if everything was all right, but she did not say anything about breastfeeding. She just said how important breast integrity was for good breastfeeding, but she did not explain anything about breastfeeding and the problems I might have. (P3)

Only to prepare the breasts. No one explained anything, they just said that I had to bathe in the light and when I take a shower I should let the warm water run down the breast. That's all they said. But explaining how to breastfeed, no. (P4)

In this sense, educational actions must be carried out during all stages of the pregnancy-puerperal cycle. However, it is in prenatal care that women should be better educated so that they can experience childbirth in a positive way, have lower risk of complications in the puerperium, and have more success in child care and breastfeeding.

In a study about women's knowledge on exclusive BF, the authors concluded that there is a need to improve communication with and follow-up of puerperal women as a continuation of prenatal care. When practitioners approach BF effectively, using their expertise and adding assistive technologies, as well as the media, they contribute positively to stimulating EBF⁽⁷⁾.

A study with nursing mothers verified the importance of preparing breasts for breastfeeding, since breast problems are one of the main reasons for weaning. Problems such as breast fissures, engorgement, mastitis, abscess, among others, can interfere with the breastfeeding process, favoring early weaning. The difficulties experienced by the women refer to inadequate techniques and positions for breastfeeding related to the lack of guidelines about breastfeeding during prenatal care. Breast problems are among the main factors that lead to the occurrence of early weaning, which can be minimized through appropriate techniques of suckling, guidance, incentive and encouragement, teachings of techniques and prophylactic measures during prenatal care and, later, with support especially at the beginning of breastfeeding^(14,15).

The importance of the provision of guidelines for the preparation of breasts for breastfeeding since prenatal care is highlighted. The nurse needs to provide guidance that empowers women to BF. According to the Primary Care Booklet, during pregnancy, women should wear a bra, sunbathe in the breasts for 15

minutes, until 10 am or after 4 pm or even light baths with 40 watt bulbs, one span away. Using soaps, creams or ointments on the nipple is discouraged; and milking is contraindicated during gestation for colostrum withdrawal⁽¹⁰⁾.

Satisfaction with guidelines received

Three puerperal women had received guidelines they considered satisfactory, one in the private network by the obstetrician and two in a basic health unit, through pre-consultations performed by the nurse.

Yes, I have received. The doctor gave me forms. He taught me how the baby should suck the breast. I received a whole support. (P5)

I went to the basic unit. Half an hour before the consultations they would meet us in a room and show videos and teach us how to breastfeed the baby. (P6)

Yes, she taught me everything right, that I had to sunbathe, preferably washing the breast with plant sponges during the daily bath, not wearing a bra to keep the contact with the shirt; this strengthens the skin and will avoid cracking during breastfeeding. Even though I had prepared the breast, it had cracks and bled. Then I put ointment for about three days, because the ointment has vitamin A and D and it recovered the skin. While the baby was nursing on one side I would leave the other breast with the ointment, then I would remove it with wet gauze for him to suck. (P7)

Although these mothers felt pleased, there were inadequate guidelines, such as the use of plant sponges for daily bathing. According to a research, the use of plant sponges is not indicated, because the friction makes it more sensitive and can hurt it⁽¹³⁾.

During prenatal care, health practitioners have the responsibility to raise pregnant women's awareness about the advantages of BF, since during this period the practice of the reception begins. Such practices are based on communication, on listening, on trying to understand the reality of this woman, her socioeconomic, cultural and family context. In this sense, the practitioner-patient relationship should be improved in order to create bonds and trust, and thus, to guide the benefits brought by breastfeeding and how it can occur free of problems, developing with the pregnant woman a critical awareness on BF⁽¹⁶⁾.

The nursing consultation is a relevant instrument, especially for the promotion and encouragement of the BF. During this time, it is important to improve guidelines on proper breastfeeding, especially in the first year of life, emphasizing the reduction of

nutritional problems and the avoidance of the onset of diseases at more advanced ages. Nurses are in a privileged position to promote and support breastfeeding, as they have the responsibility for stimulating and helping mothers to breastfeed^(17,6,18).

During the prenatal period, the guidelines on BF performed by health practitioners increase the knowledge of women related to the subject. It is recommended that prenatal care be performed by a multidisciplinary team and that the nurse performs the comprehensive care for low-risk prenatal care. From this approach, it will be possible to know the true needs of the mother and the child and the knowledge that pregnant and nursing mothers have on the subject⁽¹⁹⁾.

The nurse establishes an important link with the puerperal woman from prenatal to delivery and postpartum, since he or she is the practitioner that is available for the care of the puerperal woman and the newborn in the basic network or in the hospital. This relationship of trust between the nurse and the puerperal woman allows the information and assistance regarding breastfeeding to be absorbed and practiced from the birth of the baby.

A study conducted in the city of Uberaba, Minas Gerais, Brazil, found that 75% of the women who had undergone prenatal follow-up had received guidance on breastfeeding during this period, 66.7% of which had been guided by nurses, while 28.6% by physicians, social workers and academics from health courses. Still, 4.8% of the interviewees reported not knowing the professional category of the person responsible for the guidelines⁽¹⁹⁾.

As implications of the study for clinical practice, it is important that health practitioners, especially the nurse, provide comprehensive care, valuing all periods in the follow-up of women, from prenatal to late

postpartum, teaching and stimulating the BF. It should also be invested in approaching pregnant and puerperal woman and the newborn in the basic health units, with the support of the Health Strategy Teams, promoting the BF for a longer period. Further studies on the role of the nurse in encouraging and maintaining BF are recommended.

FINAL CONSIDERATIONS

The present study aimed to know the guidelines about breastfeeding received by women during prenatal care. The data analysis showed that there were women who had not received information during the prenatal period, and the ones who had received it were on the preparation of the breasts based only on the biological aspect of breastfeeding. However, they considered the information to be satisfactory. There were puerperal women who had received information only at the time of hospitalization for childbirth.

It has been verified that breastfeeding has not been prioritized by nurses, since nurses have not provided adequate guidelines and educational practices regarding this practice for pregnant women, nor continuous follow-up for this women during prenatal care, which has not been used for the transmission of information that will enable women to successfully breastfeed their children. There is a need to improve forms of communication and follow-up of puerperal women, such as continuity of prenatal care.

We concluded that prenatal care is an important period in which the nurse must provide support and information necessary for the puerperal women and direct practices that minimize the difficulties in breastfeeding as a way to train them for the act of breastfeeding and prevent early weaning.

ORIENTAÇÕES RECEBIDAS PELAS GESTANTES NO PRÉ-NATAL ACERCA DA AMAMENTAÇÃO

RESUMO

O estudo teve como objetivo conhecer as orientações recebidas acerca da amamentação pelas gestantes no pré-natal. Realizou-se um estudo descritivo-exploratório, de cunho qualitativo. Participaram 11 mulheres que tiveram seus filhos em uma Unidade de Internação Obstétrica de um Hospital Universitário do Sul do Brasil. Os dados foram coletados por meio de entrevistas e analisados pela técnica de Análise Temática, após aprovação do projeto no Comitê de Ética em Pesquisa. Verificou-se que houve gestantes que não receberam informações durante o pré-natal, as que obtiveram foram acerca do preparo das mamas baseando-se apenas no aspecto biológico da amamentação. No entanto, as consideraram satisfatórias. Outras receberam informações somente no momento da hospitalização para o parto. O pré-natal é um período importante em que o enfermeiro deve dar apoio, fornecer informações necessárias para as gestantes e direcionar práticas que minimizem as dificuldades na amamentação como forma de instrumentalizá-las para o ato de amamentar e impedir o desmame precoce.

Palavras-chave: Período Pós-Parto. Aleitamento Materno. Enfermagem Pediátrica.

ORIENTACIONES RECIBIDAS POR LAS GESTANTES EN EL PRENATAL ACERCA DE LA LACTANCIA

RESUMEN

El estudio tuvo como objetivo conocer las orientaciones recibidas acerca de la lactancia por las gestantes en el prenatal. Se realizó un estudio descriptivo-exploratorio, de enfoque cualitativo. Participaron 11 mujeres que tuvieron sus hijos en una Unidad de Hospitalización Obstétrica de un Hospital Universitario del Sur de Brasil. Los datos fueron recolectados por medio de entrevistas y analizados por la técnica de Análisis Temático, tras aprobación del proyecto en el Comité de Ética en Investigación. Se verificó que hubo gestantes que no recibieron informaciones durante el prenatal, las que obtuvieron fueron acerca del preparo de las mamas basándose apenas en el aspecto biológico de la lactancia. Sin embargo, las han considerado satisfactorias. Otras recibieron informaciones solamente en el momento de la hospitalización para el parto. El prenatal es un período importante en que el enfermero debe dar apoyo, proporcionar informaciones necesarias para las gestantes e impulsar prácticas que disminuyan las dificultades en la lactancia como forma de instrumentalizarlas para el acto de amamantar e impedir el destete prematuro.

Palabras clave: Período Postparto. Lactancia Materna. Enfermería Pediátrica.

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